§ <b>⊠</b>	Yes	child becaus	sactions, or liabilities of a spouse or dependent child because	d" income, trans	ssets, "unearne	port any other a	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabithey meet all three tests for exemption?	EXEMPTION—Have you excluded from they meet all three tests for exemption?	EXEMPTION they meet all	
N <sub>s</sub>	Yes	trusts" need	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	e on standards ng you, your sp	y the Committe h a trust benefit	usts" approved to	; "Qualified Blind Tr uded from this repo	etails regarding Have you exclu	TRUSTS—De be disclosed.	
<i>G</i>	E QUESTIONS	F THES	MATION - ANSWER EACH OF THESE QUESTIONS	TINFORM	OR TRUS	DEPENDENT, OR TRUST INFORMATION	POUSE, DEI	EXCLUSION OF SPOUSE,	CLUSIO	FF- 1
the mse.	answered and ich "Yes" respo	must be ed for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	X X	Yes	ave any reportat 3 period?	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	<ul> <li>V. Did you, your spouse, or a dependent c liability (more than \$10,000) during the rep if yes, complete and attach Schedule V.</li> </ul>	V. Did you, you liability (more If yes, complete)	
\$   <u>X</u>	es 	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No.	Yes	purchase, sell, tion exceeding	IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, your spouse, or a dependent or exchange any reportable asset in a tran \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, you or exchange a \$1,000 during	<del></del> -
<b>₹</b>	date Yes	or before the	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	<b>8</b> □	g Yes ∑	eceive "unearne od or hold any end of the perio	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	III. Did you, your spouse, or a dependent clincome of more than \$200 in the reporting reportable asset worth more than \$1,000 a figer.	III. Did you, yo income of mo reportable ass If yes, compli	
<b>₹</b>	yes	d receive any n the reportin	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	S S	Yes	onation to charit r article in the	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	II. Did any individual or organization make lieu of paying you for a speech, appearan reporting period? If yes, complete and attach Schedule II.	II. Did any individ lieu of paying you reporting period? If yes, complete	<del></del>
× S	e Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	Š	Yes	e (e.g., salaries eporting period′	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	your spouse hat or more from a lete and attack	I. Did you or y fees) of \$200 If yes, compl	<del></del>
			E QUESTIONS	OF THESE	EACH	- ANSWER	INFORMATION		PRELIMINARY	<b>T</b>
O G Wall	30 days late.	30 days late	Termination Date:		Amendment		knnual (May 15)	Mannual Annual	Report Type	
ssessed	A \$200 penalty shall be assessed	A \$200 F	r Employing Office:	Officer or Employee	FOIZNIA	State: CALL District: 3	Member of the U.S. House of Representatives	Memby House	Filer Status	
160	(Office Use Only)	40	(Daytime Telephone)			(Full Name)	Ţ	l ,	•	<del>,</del>
100	15 :6 114 61 A15 sud	2,000	562-706-4694				RICHARDSON		Laura	
WIEN U	TOVE RESOURCE CENTER			!		!			!	
	HAND DEI IVERED		Form A For use by Members, officers, and employees			TATEMENT Period	2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period	ANCIAL DIS Calendar Yo	2008 FINA For 2007	<u> </u>
				_	MIIVES	ELUESCNI	WINIED SIAIES FOUSE OF REFRESCIVIALIVES	DIAIES	טואוו בט	_

Acet	Keroz Thorratonal Returnet	Xerox Petroment Account	Yesen Savingo Plan	Nationwide latement Solutions		Examples:	SP Sp Mega Corp. Stock	Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities and its decorraphic location in	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IHAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments),
×		×	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	A B C D E F G H - J K L	BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×		×	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income	e or Farm Income)	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IFAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×		×	×	X	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	- = = = = = = = = = = = = = = = = = = =	Amount of Income  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
							S (partial)		If only a portion of an asset is sold, please indicate as follows:	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

### SCHEDULE V— LIABILITIES

Name LAURA RUHARDSON

Page 4 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

Creditor    Type of Liability   Recording	L				£	JT C, S		editor orny
### Property of Liability  ### Property Del.  ### P				NA	Example: First Bank of Wilmington, Delaware	Creditor		is any permitted at the property by property of the property o
\$15,000 \$15,001- \$50,000 \$50,001- \$100,000  \$100,001- \$250,001- \$500,000 \$500,000- \$1,000,000- \$1,000,000- \$1,000,000- \$5,000,000- \$5,000,000- \$25,000,000- \$25,000,000- \$25,000,001- \$25,000,001- \$25,000,001-					Mortgage on 123 Main St., Dover, Del.	Type of Liability		
\$50,000  \$50,001- \$100,000 m  \$100,001- \$250,000 m  \$250,001- \$500,000 m  \$1,000,001- \$1,000,000 m  \$1,000,001- \$5,000,000 m  \$5,000,001- \$25,000,000 m  \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001-						\$1,001- \$15,000		
\$100,000    \$100,000						\$15,001- \$50,000		
\$250,000 mount of \$250,000 mount of \$250,000 mount of \$500,000 mount of \$500,000 mount of \$1,000,000 mount						\$50,001- \$100,000		
\$5,000,000 \$5,000,001- \$25,000,000 \$25,000,001-	_		ļ		×	\$250,000	Amo	
\$5,000,000 \$5,000,001- \$25,000,000 \$25,000,001-	_	-		_	<u> </u>	\$500,000	호	
\$5,000,000 \$5,000,001- \$25,000,000 \$25,000,001-	+		<u> </u>	<u> </u>	_	\$1,000,000	Liabili	
\$25,000,000 \$25,000,001		_	_	-	-	\$5,000,000	₹	
\$50,000,000	+				-	\$25,000,000 \$25,000,001		

#### SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
SINON		

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Member Included? (Y/N)	Number of days not at sponsor's expense
$\neg \neg$	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z		Z	None
Examples	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	~	2 Days
	NONE						
	ν.						
				!			

### SCHEDULE VIII—POSITIONS

ŗ

Name LAURA RICHARDSON

Page 6 of 6

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

$\lceil \rceil$				7
Position	N/A			
Name of Organization				

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

contoraction hank 1861/01	1/2001 State of Columb	1/2001 State of Column
molon	Cont	lnou